

# Global AIDS Program (GAP)

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*By providing infrastructure and technical guidance for enhanced collaboration between TB and HIV programs, GAP has helped decrease the death rate and increase the cure rate among HIV-infected TB patients in Thailand.*

*A recent WHO report notes that "three areas [in Thailand] where programme performance needs to be improved are diagnostic and laboratory services, TB/HIV collaboration, and links with other health care providers." TBNNet was designed to tackle all*

## Making an Impact: *Stories from the Field —Thailand*

**Fact:** Most HIV-infected persons do not know they have HIV.

**Fact:** Tuberculosis (TB) is a major cause of death in HIV-infected persons.

Add these together and you get the inspiration for the Thailand TB Active Surveillance Network, or TBNNet.

Supported by the Centers for Disease Control and Prevention (CDC) Global AIDS Program (GAP), the network finds new cases of both diseases by casting a wider net than has traditionally been used. TBNNet has also increased laboratory capacity, helped TB programs improve TB and HIV care, and developed a system to monitor HIV and TB services provided to patients.

"We're not there to hand out medicines. That's already being done well," says Dr. Jay Varma, who leads GAP/Thailand's TB projects. "We try to add value to the existing infrastructure by doing things CDC is uniquely qualified to help with: enhancing surveillance, monitoring and evaluation, developing electronic reporting and recording, and building better labs for diagnosis."

The added value is paying big dividends. Recent data from the province where TBNNet has been most active indicate that the death rate among TB patients has dropped significantly—from 48% in 2003 to 17% in 2004. Over the same period, the TB treatment success rate increased from 38% to 68%.

"GAP is a great partner," says Dr. Somsak Akksilp of the Thai Office of Disease Prevention and Control, in Ubon Ratchathani, a large province in eastern Thailand. "We complement each other well." TBNNet provided training and resources to ensure that local health providers have both the skills and time to control HIV-associated TB (TB/HIV) more aggressively.

One dramatic result has been the jump in HIV testing among TB patients. In four provinces, the proportion agreeing to testing after counseling nearly doubled in one year. "TB patients don't really need much of a push," says Varma. "If you make it easy, by providing the test at the TB clinic, and doing it for free, then very few will refuse."

Based on the success of TBNNet, Thai government policy has changed. HIV counseling and testing is now urged for all TB patients. Also, the government revised the national TB register to collect data about HIV services provided to TB patients, and began issuing regular national reports about the performance of TB/HIV services.

TBNNet has helped Thailand become a leader in TB prevention and control in Southeast Asia. With WHO's support, training courses have been held to export the TBNNet model of HIV counseling and testing to nine other countries. Says Varma, "We'd like to promote integrated testing and care for HIV-infected TB patients throughout the region."